

Public Health Preparedness and Situational Awareness Report: #2020:41

Reporting for the week ending 10/10/20 (MMWR Week #41)

October 16th, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

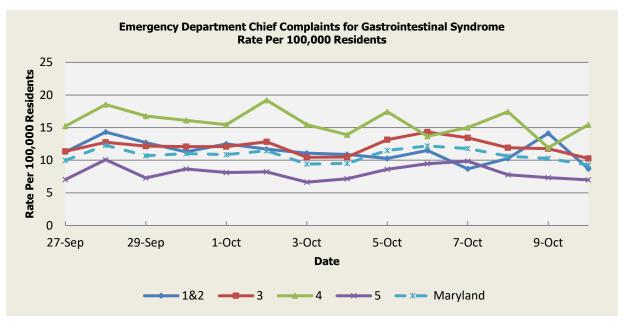
National: No Active Alerts

Maryland: ENHANCED (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2020.

Gastrointestinal Syndrome

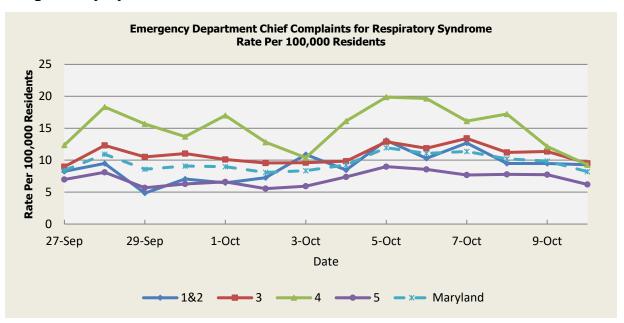


There were no Gastrointestinal Syndrome outbreaks reported this week.

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	13.23	14.89	15.86	10.16	13.01	
Median Rate*	13.11	14.76	15.46	10.13	12.95	

^{*} Per 100,000 Residents

Respiratory Syndrome

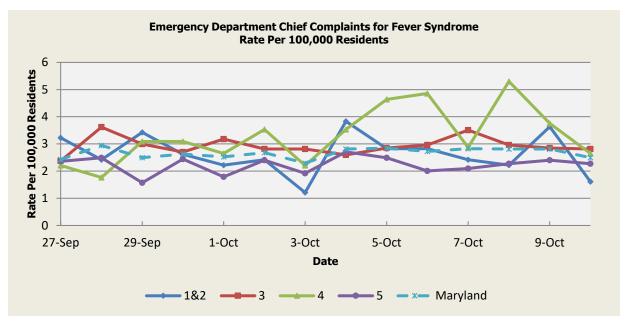


There were sixty-four (64) Respiratory Syndrome outbreaks reported this week: Fourteen (14) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3,4,5), three (3) outbreaks of COVID-19 in Daycare Centers (Regions 3,5), thirteen (13) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,4,5), eight (8) outbreaks of COVID-19 in Hospitals (Regions 3,4,5), thirteen (13) outbreaks of COVID-19 in Nursing Homes (Regions 3,4,5), one (1) outbreak of COVID-19 in an Outpatient Office (Regions 3), one (1) outbreak of COVID-19 in a Residential Substance Abuse Treatment Program (Regions 3), one (1) outbreak of COVID-19 in a Restaurant (Region 5), eight (8) outbreaks of COVID-19 in Schools (Regions 3,5), two (2) outbreaks of COVID-19 in Workplaces (Region 3).

	Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	12.45	14.78	15.17	10.01	12.79	
Median Rate*	12.10	14.14	14.35	9.65	12.24	

^{*} Per 100,000 Residents

Fever Syndrome

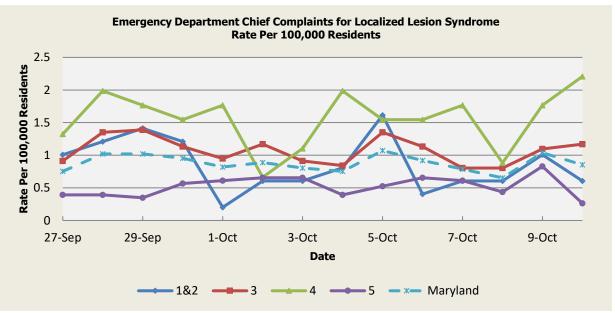


There were no Fever Syndrome outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	3.06	3.90	4.14	3.04	3.52	
Median Rate*	3.02	3.76	3.97	2.92	3.38	

*Per 100,000 Residents

Localized Lesion Syndrome

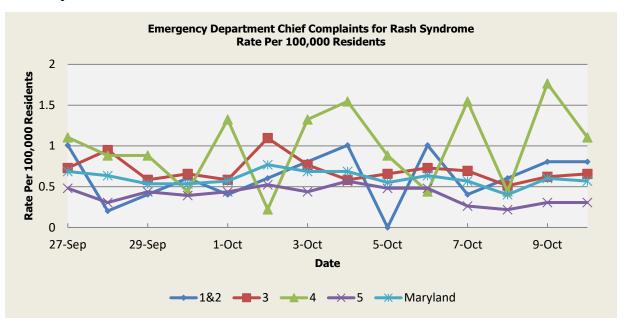


There were no Localized Lesion Syndrome outbreaks reported this week.

	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	1.16	1.72	1.99	0.88	1.37	
Median Rate*	1.01	1.64	1.99	0.83	1.32	

^{*} Per 100,000 Residents

Rash Syndrome

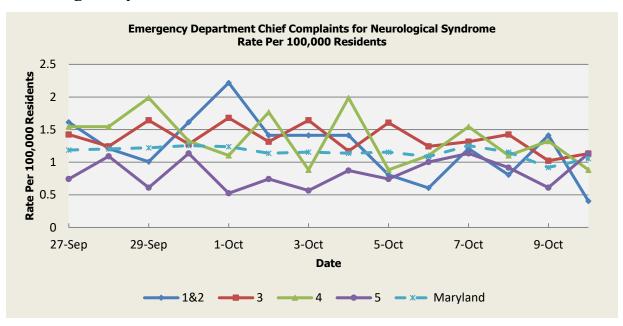


There were no Rash Syndrome outbreaks reported this week.

	Rash Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2						
Mean Rate*	1.21	1.61	1.70	0.93	1.32		
Median Rate*	1.21	1.55	1.55	0.92	1.29		

^{*} Per 100,000 Residents

Neurological Syndrome

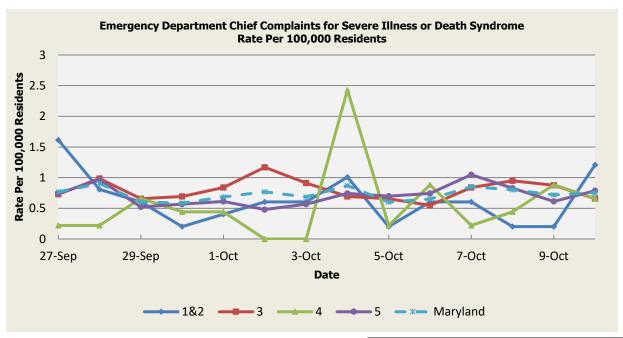


There were no Neurological Syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.82	1.00	0.92	0.64	0.84	
Median Rate*	0.81	0.95	0.88	0.61	0.80	

^{*} Per 100,000 Residents

Severe Illness or Death Syndrome



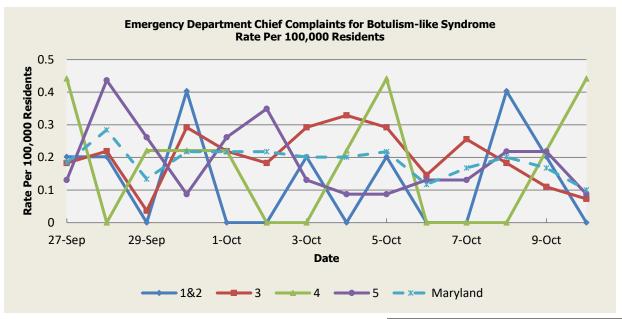
There were no Severe Illness or Death Syndrome outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2 3 4 5 Maryland							
Mean Rate*	0.65	0.88	0.84	0.54	0.73			
Median Rate*	0.60	0.84	0.88	0.52	0.70			

^{*} Per 100,000 Residents

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome

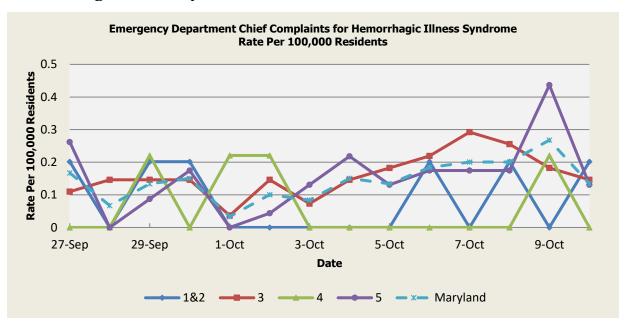


There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 9/27 (Regions 1&2,4), 9/28 (Regions 1&2,5), 9/29 (Regions 4,5), 9/30 (Regions 1&2,3,4), 10/1 (Regions 4,5), 10/2 (Region 5), 10/3 (Regions 1&2,3), 10/4 (Regions 3,4), 10/5 (Regions 1&2,3,4), 10/8 (Regions 1&2,5), 10/9 (Regions 1&2,4,5), 10/10 (Region 4). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.08	0.13	0.06	0.09	0.10	
Median Rate*	0.00	0.11	0.00	0.09	0.10	

* Per 100,000 Residents

Hemorrhagic Illness Syndrome

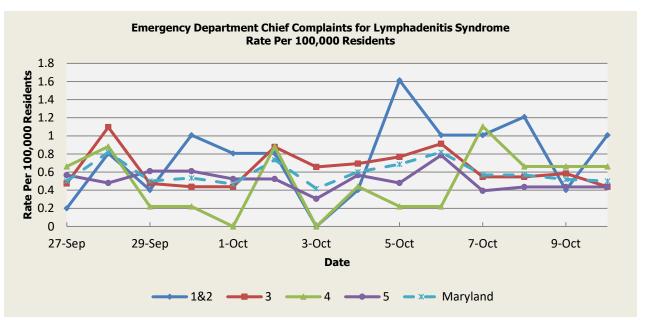


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 9/27 (Regions 1&2), 9/29 (Regions 1&2,4), 9/30 (Regions 1&2), 10/1 (Region 4), 10/2 (Region 4), 10/6 (Regions 1&2), 10/8 (Regions 1&2), 10/9 (Regions 4,5), 10/10 (Regions 1&2). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.05	0.17	0.04	0.15	0.14		
Median Rate*	0.00	0.11	0.00	0.09	0.10		

^{*} Per 100,000 Residents

Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 9/28 (Regions 1&2,4), 9/30 (Regions 1&2), 10/1 (Regions 1&2), 10/2 (Regions 1&2,4), 10/5 (Regions 1&2), 10/6 (Regions 1&2), 10/7 (Regions 1&2,4), 10/8 (Regions 1&2), 10/10 (Regions 1&2). These increases are not known to be associated with any outbreaks.

	Lymj	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland			
Mean Rate*	0.39	0.60	0.41	0.40	0.49			
Median Rate*	0.40	0.55	0.44	0.35	0.45			

^{*} Per 100,000 Residents

MARYLAND REPORTABLE DISEASE SURVEILLANCE

Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5th, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

Confirmed COVID-19 Case Counts in Maryland by County (As of October 16th, 2020)

County	Number of
	Confirmed Cases
Allegany	543
Anne Arundel	11,151
Baltimore City	16,681
Baltimore County	19,403
Calvert	1,098
Caroline	687
Carroll	2,120
Cecil	1,244
Charles	2,991
Dorchester	661
Frederick	4,464
Garrett	94
Harford	3,353
Howard	5,534
Kent	326
Montgomery	24,174
Prince George's	31,210
Queen Anne's	719
Somerset	368
St. Mary's	1,385
Talbot	602
Washington	2,075
Wicomico	2,287
Worcester	1,159
Total	134,329

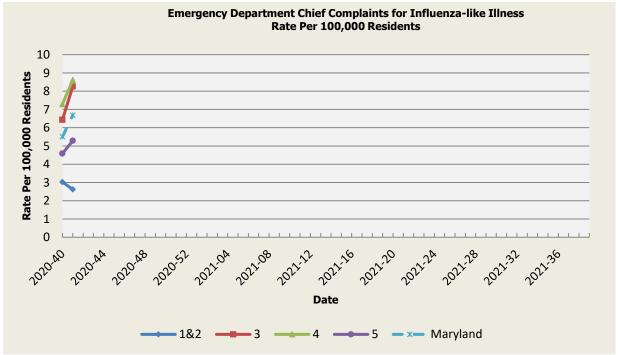
The most up-to-date information may be found on the Maryland Department of Health website at $\frac{1}{2}$ https://coronavirus.maryland.gov.

SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2020 through May 2021). Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2021-2022 reporting season (MMWR Week 40/Week Ending October 9, 2021).

Seasonal Influenza activity for Week 41 was: Minimal

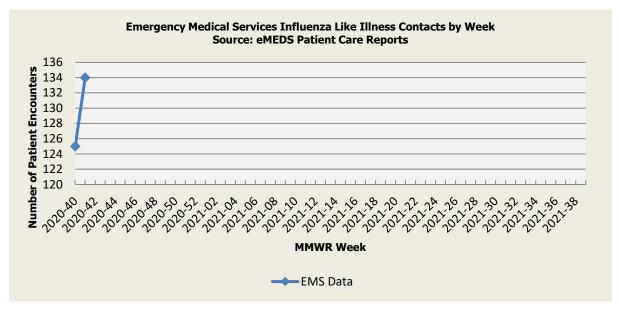
Influenza-like Illness



	Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	10.30	14.13	13.44	11.93	12.92	
Median Rate*	7.66	10.41	9.50	8.86	9.55	

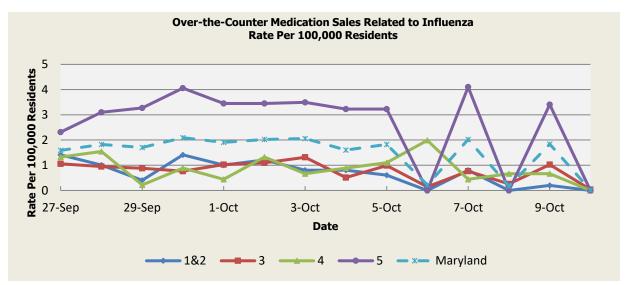
^{*} Per 100,000 Residents

Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

Over-the-Counter Influenza-Related Medication Sales

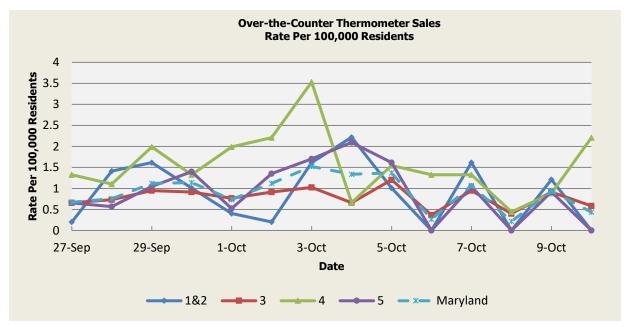


There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

	OTC Medication Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.29	4.20	2.57	7.52	5.27
Median Rate*	2.62	3.25	2.21	6.72	4.50

^{*} Per 100,000 Residents

Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.74	2.60	2.11	3.45	2.90
Median Rate*	2.42	2.56	1.99	3.45	2.91

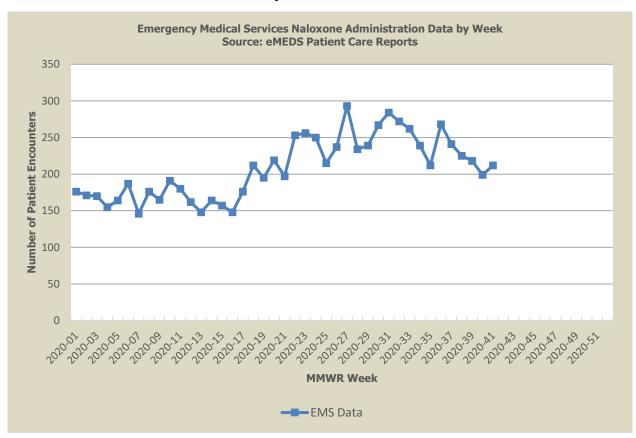
^{*} Per 100,000 Residents

SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

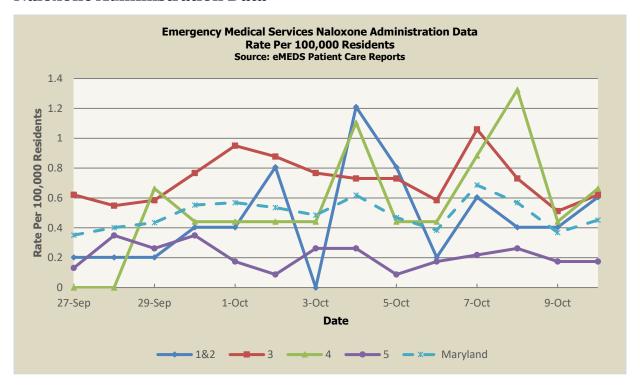
In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of October 16th, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (SOUTH AFRICA), 15 October 2020, Information received on 14 Oct 2020 from Dr. Bothle Michael Modisane, Chief Director, Department of Agriculture, Forestry and Fisheries, Animal Production and Health, Pretoria, South Africa. Read More: https://promedmail.org/promed-post/?id=7865365

AVIAN INFLUENZA (ISRAEL), 15 October 2020, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Israel. Read More: https://promedmail.org/promed-post/?id=7864774

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

SALMONELLOSIS, SEROTYPE PARATYPHI VARIANT (MINNESOTA), 15 October 2020, Minnesota officials are investigating a _Salmonella_ outbreak among patrons of a juice bar. Health officials believe additional people likely are part of the outbreak. Read More: https://promedmail.org/promed-post/?id=7853887

AMEBIC MENINGOENCEPHALITIS, PRIMARY (TEXAS), 14 October 2020, The free living amoeba [_Naegleria fowleri_] that contaminated the water supply of a Texas city and killed a 6-year-old boy has been traced back to a splash pad outside the Lake Jackson civic center. Read More: https://promedmail.org/promed-post/?id=7860274

SYPHILIS (OKLAHOMA), 10 October 2020, A syphilis outbreak in south-central Oklahoma creates yet another strain on the state's public health system. Read More: https://promedmail.org/promed-post/?id=7851879

LA CROSSE ENCEPHALITIS (NORTH CAROLINA), 10 October 2020, Haywood County health director Patrick Johnson recently confirmed that 2 residents of Haywood County have been diagnosed with La Crosse encephalitis virus (LACV). Read More: https://promed-post/?id=7850699

TICK, GEOGRAPHIC EXPANSION (MASSACHUSETTS), 10 October 2020, Lone star ticks -- and thousands of their larvae -- have overrun the town of Aquinnah [on Martha's Vineyard, Massachusetts], biologist and tick expert Richard Johnson told Aquinnah selectmen at their meeting on Wednesday [7 Oct 2020] following reports that showed a high incidence of tickborne disease in the town this year [2020]. Read More: https://promedmail.org/promed-post/?id=7850032

INVASIVE MOSQUITO (**CALIFORNIA**), 9 October 2020, Even as the Sacramento Valley cools down, the yellow fever mosquito is being discovered in traps in new areas. Some were found this week near Cresta Park in the Arden Arcade area, the Sacramento-Yolo Mosquito and Vector Control District announced on Wednesday. Read More: https://promedmail.org/promed-post/?id=7849469

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (GLOBAL), 15 October 2020, Total confirmed cases (new cases in last 24 hours) / Total deaths (new deaths in last 24 hours) Read More: https://promedmail.org/promed-post/?id=7863738

SALMONELLOSIS (**FRANCE**), 15 October 2020, French authorities are investigating almost 50 _Salmonella_ infections linked to eating raw or undercooked horse meat in the past few months. Read More: https://promedmail.org/promed-post/?id=7864777

OROPOUCHE VIRUS (SAINT-LAURENT-DU-MARONI- FRENCH GUIANA), 15 October 2020, On 30 Sep 2020, the French Guiana Regional Health Agency (ARS) reported the 1st detection of Oropouche virus (OROV) in French Guiana. Read More: https://promedmail.org/promed-post/?id=7862608

FOODBORNE ILLNESS (UGANDA), 15 October 2020, Scientists have shone a light on the cause of multiple serious and fatal food poisoning incidents in Uganda in 2019. Read More: https://promedmail.org/promed-post/?id=7862504

FOOT AND MOUTH DISEASE (ZIMBABWE), 13 October 2020, Information received on [and dated] 12 Oct 2020 from Dr. Josphat Nyika, Chief Veterinary Officer, Veterinary Services, Ministry of Lands, Agriculture, water and Rural Resettlement, Harare, Zimbabwe. Read More: https://promedmail.org/promed-post/?id=7858522

Q FEVER (**AUSTRALIA**), 12 October 2020, The Western NSW [New South Wales] Local Health District (WNSWLHD) has issued a reminder about the effects of Q fever on farmers, and the importance of getting vaccinated. Read More: https://promedmail.org/promed-post/?id=7855851

TOXIC ALGAE (RUSSIA), 11 October 2020, Around the same time that an unexplained event wiped out 95% of sea-dwelling life off the coast of Russia's Far Eastern Kamchatka peninsula earlier this month [October 2020], a yellow foam covered an area of water so large it could be seen from space. Read More: https://promedmail.org/promed-post/?id=7853921

FOODBORNE ILLNESS (CHINA), 11 October 2020, seven people have died after eating contaminated food during a family meal in northeast China's Heilongjiang Province, local authorities announced on Sat 10 Oct 2020. Read More: https://promedmail.org/promed-post/?id=7853798

UNDIAGNOSED HEMORRHAGIC FEVER (SOUTH SUDAN), 11 October 2020, Three people have died of a mysterious haemorrhagic fever in South Sudan's Raja county of Western Bahr-el-Ghazal state, raising fears of an outbreak of Ebola. Read More: https://promedmail.org/promed-post/?id=7852092

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.health.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website: http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.health.maryland.gov

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

Office of Preparedness and Response, Maryland Department of Health 7462 Candlewood Rd, Hanover, MD 21076

Peter Fotang, MD, MPH Epidemiologist, Biosurveillance Program Office: 443-628-6555

Office: 443-628-6555

Email: Peter.Fotang@maryland.gov

Jennifer Stanley, MPH Epidemiologist, Biosurveillance Program

Office: 443-628-6575

Email: Jennifer.Stanley@Maryland.gov

Jessica Acharya (Goodell), MPH Career Epidemiology Field Officer, CDC

Office: 443-628-6583

Email: Jessica.Goodell@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE		
	Allegany County		
Pagions 1 & 2	Frederick County		
Regions 1 & 2	Garrett County		
	Washington County		
	Anne Arundel County		
	Baltimore City		
Region 3	Baltimore County		
Kegion 3	Carroll County		
	Harford County		
	Howard County		
	Caroline County		
	Cecil County		
	Dorchester County		
	Kent County		
Region 4	Queen Anne's County		
	Somerset County		
	Talbot County		
	Wicomico County		
	Worcester County		
	Calvert County		
	Charles County		
Region 5	Montgomery County		
	Prince George's County		
	St. Mary's County		

